

APPLICATION FOR FUEL EXEMPTION NUMBER*Read instructions on reverse before completing this form.*

SECTION I: OWNERSHIP AND BUSINESS INFORMATION		FOR CDTFA USE ONLY			
1. TYPE OF OWNERSHIP (<i>check one</i>)		TAX	IND	OFFICE	ACCOUNT NUMBER
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Married Co-Ownership	SJ			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)		NAICS CODE	BUS. CODE	AREA CODE
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Unincorporated Business Trust			85	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Partnership)	PROCESSED BY	CERTIFICATE ISSUE DATE (mm/dd/yy)	REPORTING BASIS X	STARTING DATE (mm/dd/yy)
<input type="checkbox"/> Registered Domestic Partnership					
<input type="checkbox"/> Other _____					
2. NAME OF SOLE OWNER, MARRIED CO-OWNERSHIP, REGISTERED DOMESTIC PARTNERSHIP, CORPORATION, LLP, PARTNERSHIP OR TRUST					
3. COUNTRY/STATE OF INCORPORATION OR ORGANIZATION					
4. NAME OF PURCHASING CARRIER				5. DATE PURCHASES WILL BEGIN (mm/dd/yy)	
6. NATURE OF BUSINESS					
<input type="checkbox"/> Air Common Carrier <input type="checkbox"/> Water Common Carrier					
7. BUSINESS ADDRESS (<i>street, city, state/country, zip code</i>)				8. EMAIL ADDRESS	
9. MAILING ADDRESS (<i>street, city, state/country, zip code, if different from business address</i>)					

SECTION II: AGENT INFORMATION

10. NAME OF AGENT IF APPLICABLE (<i>submit copy of authorization with this application</i>)		11. AGENT'S BUSINESS PHONE NUMBER
12. AGENT'S BUSINESS ADDRESS (<i>street, city, state/country, zip code</i>)		13. AGENT'S EMAIL ADDRESS
14. AGENT'S MAILING ADDRESS (<i>street, city, state/country, zip code, if different from business address</i>)		

FILING INSTRUCTIONS

You will be required to file returns when (1) you are notified by the California Department of Tax and Fee Administration (CDTFA) to do so, or (2) when you incur a sales or use tax liability based on consumption of fuel erroneously claimed as exempt from sales or use tax at the time of purchase.

CERTIFICATION

I am duly authorized to sign this application and certify the statements made are correct to the best of my knowledge and belief.

NAME (<i>type or print</i>)		SIGNATURE
BUSINESS PHONE	TITLE	DATE (mm/dd/yy)

FOR CDTFA USE ONLY

FURNISHED TO TAXPAYER

☐ CDTFA-519 ☐ Reg. 1621 ☐ Reg. 1667 ☐ Reg. 1702.5 Other _____

REMARKS

INSTRUCTIONS

Section I – Ownership and Business Information – All Applicants:

(Items 1-9) You must provide the information requested for each type of owner. The purchasing carrier (vessel name, if applicable and if known) should be entered. The date fuel is first delivered to the vessel aircraft should also be entered.

Section II – Agent Information:

(Items 10-14) If an agent is applying for the Fuel Exemption on behalf of the owner, the agent must submit a copy of the authorization at the time of application. All agent information is required.

Filing Instructions:

If returns are required, the CDTFA will send you information as stated.

Certification:

All applicants must sign this form. Authorized agents signing this form will be required to show proper identification.

Send Your Application for Processing:

Send or take your application to the CDTFA office nearest you. Unless otherwise noted, all offices are open Monday-Friday, from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays. If you have any questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711). If you are calling outside of the 48 contiguous states, please call 1-916-445-6362.